

CARES COMMISSION POST HEARING SUMMARY

VISN 1 VA New England Healthcare System
Bedford Hearing
August 25, 2003

- I. Commissioners in Attendance:
- a. Everett Alvarez, Jr., Chairman
 - b. John Vogel, Vice Chairman
 - c. Vernice Ferguson, R.N., Hearing Chairman
 - d. Richard McCormick, PhD.

- II. VISN 1 Market Areas Addressed
- a. East Market
 - b. Far North Market
 - c. North Market
 - d. West Market

III. Market Area Summaries

Market	Planning Initiative	Market Plan	Draft National CARES Plan
East: MA and RI <i>Inpt Med</i> Inpt Psych Opt Prim Opt Spec Proximity Acute Care	2012: incr 88 beds 2022: incr 46 beds 2012: decr 12 beds 2022: decr 40 beds 2012: incr 157K stops 2022: decr 53K stops 2012: incr 214K stops 2022: incr 118K stops 4 VAMC in Boston	Jamaica Plain workload to Brockton Status quo at Bedford, Boston, West Roxbury, Providence. EUL Brockton Collab opp w/State/City Brockton for cultural ctr	Bedford: <u>Realign Inpt care to Brockton; Dom to Northampton (West Market); NH to Manchester (North Market), Brockton and community NH;</u> Retain Opt services & absorb Lowell, MA clinic when lease expires; EUL assisted living facility (ALF) and other uses Boston: Study redesigning Jamaica Plain campus for operational savings; EUL ALF & other uses; retain opt clinic Brockton: In-house expansion; Leased expansion at Northampton West Roxbury: In-house expansion Providence: <u>In-house expansion and improvements; expansion of existing opt clinics; increase community contracts</u>
Far North: Maine Inpt Med	2012: incr 31 beds 2022: incr 22	Contract & expand Togus	Maine: In-house expansion and improvements at the Togus VAMC; increase community contracts for inpatient and outpatient care

Opt Prim	beds	New CBOCs & contract	
Opt Spec	2012: incr 52K stops 2022: incr 25K stops	Incr Togus staff; refer to East Market; contract	
Opt MH	2012: incr 157K stops 2022: incr 166K stops	New CBOCs & contract	
Access Prim			
Access Hosp	2012: incr 18K stops 2022: incr 2K stops 59% v. 70% 52% v. 65%	New CBOCs & contract Contract & add beds Togus	
North: NH, VT Inpt Med	2012: incr 21 beds 2022: incr 13 beds	Add beds in existing space; WRJ to contract	New Hampshire: In-house expansion and improvements at Manchester; expand opt clinics to include mental health; increase community contracts for inpatient and outpatient care Vermont: In-house expansion and improvements at White River Junction; expand outpatient clinics to include mental health; increase community contracts for inpatient and outpatient care
Opt Spec	2012: incr 73K stops 2022: incr 51K stops	In house expansion & contract	
Opt MH		Contract & add to CBOCs	
Access Hosp Care	2012: incr 22K stops 2022: incr 7K stops 57% v. 65%	Add beds & incr contract	
West: CT Inpt Med	2012: incr 40 beds 2022: incr 14 beds	In house expansion & contract	Connecticut: Improve conditions and expansion of existing capacity using vacant space at West Haven and Newington; expand existing outpatient clinics; increase community contract services. <u>Relocate VBA Regional Office from Hartford to Newington</u>
Opt Prim		Better use CBOC space	
Opt Specialty	2012: incr 74K stops 2022: incr 8K stops 2012: incr 132K stops 2022: incr 70K stops	Moderate to major renovation at CBOCs	

IV. Brief Description of Hearing Testimony

a. Panel 1:

The Honorable John Tierney, U.S. House of Representatives, Commonwealth of Massachusetts, spoke on behalf of the full Massachusetts Congressional delegation and noted their written comments. He asked that the proposed realignment be reconsidered to avoid jeopardizing valuable programs and care being given in Bedford, as well as West Roxbury and Brockton, and VISN-wide, noting also the adverse impact on families and professional staff. He highlighted the unique and quality work done by the Geriatrics Research Education Clinical Center (GRECC) for Alzheimer patients.

b. Panel 2: Network Leadership

Jeanette Chirico-Post, MD, Network Director

Mr. Vincent Ng, Director, VAMC Providence, RI (Market Plan Dev. Proc.)

Mr. John Sims, Jr., Director, VAMC Togus (Far North Market)

Marc Levenson, MD, Director, VAMC Manchester, NH (North Market)

Mr. George Poulin, Associate Director, VAMC Bedford, MA (East Market)

Ms. Karen Waghorn, Associate Director, VA Ct. Healthcare System (West Market)

The VISN leadership summarized the VISN plan as presented in their written testimony, citing increased workload due to the aging veteran population despite a declining population. Highlighted was the continuum of prevention leading to long-term care (LTC), with a focus on technology and telemedicine. Also highlighted were the access issues in rural areas of the North and Far North Markets. Leadership noted the absence of attention to LTC in this process, however. When asked for the rationale and cost-benefit analyses for moving the homeless veterans program from a metropolitan area to Northampton, a more rural area, and moving nursing home beds to New Hampshire and Northampton, with the consequences in both instances to families, clinical quality and/or community, leadership noted that Northampton has a domiciliary program that could be expanded, admitting that this does not respond to the issues raised. Leadership cited inability to get construction money as a reason for choosing to enhance existing facilities rather than identifying a location to build, and noted that patients would be moved only after new sites were ready to receive them.

c. Panel 3: Veterans Service Organizations

Mr. Joseph Badzmierowski, Paralyzed Veterans of America

Mr. Alan Bowers, Disabled American Veterans

Mr. Henry Bradley, The American Legion

Mr. John Wallace, Vietnam Veterans of America

Mr. James Williams, Veterans of Foreign Wars

The VSO representatives indicated their appreciation for the good work of VA employees but opposed the proposed changes requiring shifting patients in Massachusetts, particularly from the Bedford site, disrupting relationships with affiliates and the

disruption of quality continuity of care. They also raised concerns with the long waiting times and the serious access issues in rural areas. Also mentioned was the concern that CARES was an excuse for delays in needed construction projects affecting patient and worker safety. Immediate expansion of the Brockton SCI unit was encouraged. There was concern about the lack of involvement in the process at its last stages and that the DNCP proposals were not supported by data. All indicated some preference for VA care, versus contracted out care, but generally accepted the need for contracted out care given budgetary concerns, lack of sufficient VA staff or as a stopgap treatment before a transfer could be made to a VA facility. VSOs noted that the poor economy is driving veterans to use the VA for prescriptions and other care. They also cited the need for VA mental health specialists who know PTSD, as versus private hospitals that call the police to assist with these patients.

When asked for good points in the DNCP, the VSOs said keeping at least status quo for SCI care was good and that there was better access to care with physician assistants (versus doctors). The Caribou CBOC was described as overworked and understaffed but lifesavers for the veterans in Maine. VSOs also indicated appreciation for their involvement early in the CARES process.

“We are very concerned that CARES is becoming a CAR.”—DAV, Alan Bower

d. Panel 4: State Directors of Veterans Affairs

Mr. Clayton Clark, State Veterans Affairs, Vermont
Mr. Dan Evangelista, State Veterans Affairs, Rhode Island
Mr. Thomas Kelly, State Director Veterans Affairs, Massachusetts
Mr. Roland LaPointe, Bureau of Veterans Services, Maine
Ms. Linda Swartz, State Director Veterans Affairs, Connecticut
Mr. Dennis Viola, Director State Veterans Council, New Hampshire

Generally, the state directors commended the state-federal partnerships but raised concerns about lack of access in rural areas. New Hampshire (NH) noted the lack of acute inpatient services and specialty outpatient care in NH and the need to expand VAMC Manchester or allow for VA to lease acute care beds in non-VA facilities in central NH. Rhode Island stated its opposition to closing Providence. Massachusetts asked the Commission to reject the plan to close long term care in Bedford. Maine cited the access and capacity issues, need to expand Togus or contract for additional beds, and need for enhancing mental health services. Connecticut cited the need to tighten contractor standards, citing the failure to seek military service histories from patients.

e. Panel 5: Collaborative Partner

Mr. Ricardo Randle, Director VBA Regional Office, Hartford

VBA, using VBA construction dollars, will move to Newington, CT, thereby supporting the one-stop strategy and improving operations and, given better parking, improving accessibility to veterans.

e. Panel 6: Employee Representatives

Mr. Jim Gavin, President NAGE, Bedford VA Medical Center
 Mr. Ron Reynolds, President AFGE Local 1674, VA Ct. Healthcare System
 Mr. Roland Timm, Vice President NAGE, Bedford VA Medical Center

Concerns were raised about privatization and lower quality care, the aging veteran population not having appropriate access to VA healthcare, the need for VA long-term care and the loss to VA of dedicated employees who would retire or look elsewhere for better located jobs.

f. Panel 7: Medical Affiliations

Aram Chobanian, MD, Dean, Boston University School of Medicine
 Ms. Bea Grause, President, Vermont Assoc. of Hospitals & Health Systems
 Sharon Rounds, MD, Associate Dean, Brown University School of Medicine

Boston University (BU) indicated there are too many unknowns, and thus it is unclear as to whether the proposal for Bedford offsets the losses with gains. BU indicated serious concerns with the logistics issues involving Bedford's Alzheimer's center, noting that 1/3 of its medical students do their psychiatry clerkships in Bedford. BU also advised that its patient care, ambulatory and research programs would be seriously impacted.

Vermont Assoc. of Hospitals and Health Systems supports the renovation and updating of the White River Junction facility and the proposed increase in local accessibility to inpatient veteran care.

V. Commissioner Views

Market	Subject	Draft National CARES Plan	Commissioner Views
East: MA and RI <i>Inpt Med</i>	2012: incr 88 beds 2022: incr 46 beds	Bedford: <u>Realign Inpt care to Brockton; Dom to Northampton (West Market); NH to Manchester (North Market), Brockton and community NH;</u> Retain Opt services & absorb Lowell, MA clinic when lease expires; EUL assisted living facility (ALF) and other uses	Commissioners expressed concern over the general lack of data ; noted that testimony indicates proposal provides defective fragmenting of an integrated, quality-based continuum of care with no cost-benefit analysis as to impact on local community (patients and families, employees, or potential loss of medical affiliate relationships) and no strategic planning.
Inpt Psych	2012: decr 12 beds	Boston: Study redesigning Jamaica Plain campus for operational savings; EUL ALF & other uses; retain opt clinic	Commissioners agreed lack of data does not allow choice among options for Bedford, e.g.:
Opt Prim	2022: decr 40 beds	Brockton: In-house expansion; Leased expansion at Northampton	1. status quo
Opt Spec	2012: incr 157K stops	West Roxbury: In-house expansion	2. allow acute psych patients to move to Brockton but retain some nursing home beds at new wing under construction in Bedford
Proximity Acute Care	2022: decr 53K stops 2012: incr	Providence: <u>In-house expansion and improvements; expansion of existing opt clinics; increase community contracts</u>	

	214K stops 2022: incr 118K stops 4 VAMC in Boston		3. close Bedford [with concomitant cost of abandoning construction] Providence: Commissioners indicated a sense of approval for plan; noted solid relationship w/ Brown University; recommended CBOCs for opt care.
Far North: Maine Inpt Med Opt Prim Opt Spec Opt MH Access Prim Access Hosp	2012: incr 31 beds 2022: incr 22 beds 2012: incr 52K stops 2022: incr 25K stops 2012: incr 157K stops 2022: incr 166K stops 2012: incr 18K stops 2022: incr 2K stops 59% v. 70% 52% v. 65%	Maine: In-house expansion and improvements at the Togus VAMC; increase community contracts for inpatient and outpatient care	Commissioners agreed testimony and data support need for more CBOCs, with particular emphasis on the more rural areas.
North: NH, VT Inpt Med Opt Spec Opt MH	2012: incr 21 beds 2022: incr 13 beds 2012: incr 73K stops 2022: incr 51K stops	New Hampshire: In-house expansion and improvements at Manchester; expand opt clinics to include mental health; increase community contracts for inpatient and outpatient care Vermont: In-house expansion and improvements at White River Junction; expand outpatient clinics to include mental health; increase community contracts for	Agreed with expansions in plan, with CBOCs where CARES criteria are met, but see impact from Bedford/data issues.

Access Hosp Care	2012: incr 22K stops 2022: incr 7K stops 57% v. 65%	inpatient and outpatient care	
West: CT Inpt Med Opt Prim Opt Specialty	2012: incr 40 beds 2022: incr 14 beds 2012: incr 74K stops 2022: incr 8K stops 2012: incr 132K stops 2022: incr 70K stops	Connecticut: Improve conditions and expansion of existing capacity using vacant space at West Haven and Newington; expand existing outpatient clinics; increase community contract services. <u>Relocate VBA Regional Office from Hartford to Newington</u>	No issues identified. Use of VBA construction dollars noted.

VI. Other Comments:

Commissioners tabled further discussion; later noted need for an extended site visit due to general *lack of data* and lack of informative responses to questions and to allow for better recommendations.

Idea: where CBOCs not available, contract for one day/week set aside for veterans at a community clinic.

Seems that proposals in plan may have been generated to fit plan to budget expectations.

Lack of data regarding the East Market impacts proposals in other markets.

VII. Follow-up

Get copies of PVA's SCI handbook to commissioners.

Arrange extended site visit.

Check with CC staff for missing statement from Governor of Vermont.